Selah Acting and Modeling Inc.

Client Intake Sheet

Full Name:_____

Phone Number: _____ **Email:** _____

Address: _____

Age: _____ **DOB**: _____ **Race**: _____ **Gender**: _____

Measurements-

Height: _____ Inches: _____ Weight: _____ lbs.

Shoe Size: _____ Shirt: _____ Waist: _____ Hips: _____ Pants: _____ Bust: _____

Neck: _____ Arms: _____ Shoulders: _____

Hair-

Color: _____ Hair Length: _____ Natural: _____ Will Cut: _____ Dye: _____

Willing to Braid:_____ Willing to Straighten:_____

[Males] Facial Hair?_____ Willing to cut_____

Allergies: (Latex)_____ (Animal Hair)_____ (Pollen)_____

Medications: _____

Fears: (Clowns)_____ (Heights)_____ (Animal)_____

Talent:

(Sing)____ (Dance)____ (Instrument)_____ (Acting Classes)_____
(Special Abilities)_____ (Double Jointed)_____

Sports w/ Level and Duration: _____

Forms of ID: Driver's License:_____ Passport:_____ State ID: _____

Travel: Distance Limitations From Atlanta?_____

Out of State?_____ Out of Country?_____

Car Info: (Make)_____ (Model)_____ (Year)_____

(Color)_____